

	Administration	Faculty/Staff	Pupil Services Personnel	Counselors	Psychologists	School Nurses	Bus Drivers	Para- Professionals	Parents	(Fill In Other Here)	(Fill In Other Here)	(Fill In Other Here)
Rape Prevention												
Drug- Facilitated Rape												
Gender Roles												
Diversity Training												
Other - Specify												

*** Note: To add a row to the chart to accommodate additional topics, highlight the last existing row in its entirety by simultaneously holding the left-click button on the mouse and dragging your cursor over the row. Go to ‘Table’ → ‘Insert’ → ‘Rows Below.’ If these options do not appear under the “Table” drop-down menu, it means that you have not highlighted the row properly.*

** Indicate Y if paid for within this grant cycle, P if it was paid for by this grant in a previous cycle, or N if it was paid for through other funding.*

Maryland State Department of Education
Sexual Harassment/Assault Prevention Program
Sexual Harassment/Assault Prevention Education Informational Materials
Developed and/or Distributed

Medium Check All That Apply <div><input type="checkbox"/> Brochures</div> <div><input type="checkbox"/> CEU Courses</div> <div><input type="checkbox"/> Curricula</div> <div><input type="checkbox"/> Health Fairs</div>	<div><input type="checkbox"/> Newspaper Ads</div> <div><input type="checkbox"/> Posters</div> <div><input type="checkbox"/> Promo Items</div> <div><input type="checkbox"/> Media Campaign</div>	<div><input type="checkbox"/> Packaged Presentation</div> <div><input type="checkbox"/> TV ads</div> <div><input type="checkbox"/> Websites</div> <div><input type="checkbox"/> Other – Specify</div> <div></div> <div></div>
Target Populations Check All That Apply <div><input type="checkbox"/> Elementary School</div> <div><input type="checkbox"/> Middle School</div> <div><input type="checkbox"/> High School</div> <div><input type="checkbox"/> Parents</div>	<div><input type="checkbox"/> Faculty/Staff</div> <div><input type="checkbox"/> General Public</div> <div><input type="checkbox"/> Counselors</div> <div><input type="checkbox"/> School Nurses</div> <div><input type="checkbox"/> Psychologists</div> <div><input type="checkbox"/> Pupil Service Personnel</div> <div><input type="checkbox"/> Male Only</div> <div><input type="checkbox"/> Male and Female</div> <div><input type="checkbox"/> Female Only</div>	<div><input type="checkbox"/> Black/African American</div> <div><input type="checkbox"/> American Indian/Alaska Native</div> <div><input type="checkbox"/> Hispanic/Latino</div> <div><input type="checkbox"/> Caucasian</div> <div><input type="checkbox"/> Asian/Pacific Islander</div> <div><input type="checkbox"/> Other – Specify</div> <div></div> <div></div>
Topic Areas <div><input type="checkbox"/> Bullying & Teasing</div> <div><input type="checkbox"/> Sexual Harassment</div> <div><input type="checkbox"/> Healthy Relationships</div> <div><input type="checkbox"/> Role of Bystanders</div> <div><input type="checkbox"/> Dating Violence</div>	<div><input type="checkbox"/> Cyber-bullying</div> <div><input type="checkbox"/> Gender Roles</div> <div><input type="checkbox"/> Consent vs. Coercion</div> <div><input type="checkbox"/> Drug Facilitated Rape</div> <div><input type="checkbox"/> Diversity Training</div>	<div><input type="checkbox"/> Health Fair</div> <div><input type="checkbox"/> School-wide Assembly</div> <div><input type="checkbox"/> Rape Prevention</div> <div><input type="checkbox"/> Other – Specify</div> <div></div> <div></div>

Briefly describe successes or specific accomplishments not previously addressed on this form:

SIGNATURE: _____ Date: _____

School District: _____ Person Reporting: _____

Check One: ☐ 1st Semester (July 1 – Dec 30th) ☐ 2nd Semester (Jan 1st – June 30th)